

STATE OF NEW HAMPSHIRE
DEPARTMENT OF AGRICULTURE, MARKETS & FOOD

PO Box 2042, Concord NH 03302-2042

Application for License to Weigh, Sample or Test Milk and Cream

In accordance with the provisions of RSA Chapter 184:77.

I hereby apply for a license to:

Year of Birth:		
Sex:	<input type="checkbox"/> Weigh & Sample Milk & Cream:	\$5.00
Height:	<input type="checkbox"/> Babcock Test for Butterfat content of Milk & Cream:	\$5.00
Weight:	<input type="checkbox"/> Renewal of Weigher's & Sampler's License:	\$5.00
Color of Hair:	<input type="checkbox"/> Renewal of Babcock Tester's License:	\$5.00
Color of Eyes:	Make check payable to: <i>Treasurer State of NH</i>	
Employed by:	Address:	
Signature:	Address:	
	Date:	